



Ship Downpayment Assistance Program for First Time Homebuyers

APPLICATION CHECKLIST

Print Your Name _____ **Date:** _____

Please do not use white out on the application. Original application must be submitted; faxed copies are not acceptable.

- ☐ All adult household members (18 years of age or older) must sign page 4 of the application.
- ☐ **Attach:** Copies of photo ID and Social Security Cards for all adult household members.
- ☐ **Attach:** Copies of Social Security Cards or birth certificates for all household members under the age of 18 and who live with you.
- ☐ **Attach:** A Pre-Qualification letter from a Bank or Lender stating the amount of loan for which you may qualify and the estimated interest rate and terms for a first mortgage. ****You must first be pre-qualified before your application can be processed.**
- ☐ **Attach:** Three most current pay check stubs for all household members who are working now.
- ☐ **Attach:** For each household member that is working now, attach a letter from the employer(s) including: start date of employment; position held; base salary or hourly wage; average number of hours worked per week; type of pay period (weekly, biweekly, monthly, annually); average number of overtime hours and overtime rate of pay; and, bonus amount and frequency of payment if applicable.
- ☐ **Attach:** If any household member is receiving Social Security or SSI benefits, attach a current benefit statement for each person. (Current benefit statements can be requested in person at your local Social Security Administration Office)
- ☐ **Attach: Child Support** must be reported for all children who are not living with both of their natural parents. For example, an applicant who has children in the household and who are not residing with both natural parents must show that he/she is collecting the amount of court ordered support reported in the divorce/separation/child support agreement by providing a copy of the court order. If the applicant does not have a court order or if the applicant is not currently receiving the court ordered support, the applicant must show proof that he/she has recently opened a child support case (indicating case number) within the past 90 days at the Child Support Enforcement Office, State of Florida Department of Revenue (514 W. Lake Mary Blvd., Sanford, FL 32773; Telephone 800-622-5437).
- ☐ **Attach:** Proof of other income received by any household member, such as: Alimony, Unemployment benefits or any other income you receive regularly.
- ☐ **Attach:** A complete copy of the last three month bank statements, for all accounts that are open for each household member. (Transaction only printouts are not acceptable.)
- ☐ **Attach:** A copy of last months statement for Retirement funds, IRA, state or other funds.
- ☐ **Attach:** A copy of last months statement for stocks, bonds, or other income.
- ☐ **Attach:** If divorced, attach a copy of your Divorce Decree.

This program is open to all without regard to race, color, sex, handicap, religion, familial or marital status, or national origin. The Seminole County SHIP Downpayment Assistance Program is a first come, first completed basis. Those who supply the Program with all the information needed to process their application while funds are available will be processed first. **Your "APPLICATION" will be denied if you do not provide the requested information. Your "APPLICATION" will be denied if the information is received after all funds have been obligated.** Rental Properties are not eligible. If you have any questions or need assistance please call the below listed number.

***Note there are limited funds and restrictions apply.**

Our phone number 407-665-7384, Our fax 407-665-7366, www.seminolecountyfl.gov



SEMINOLE COUNTY APPLICATION FOR HOUSING ASSISTANCE

Down Payment/Purchase Assistance • Home Repair • Mobile Home Repair
New Home Construction • Home Reconstruction • Mobile Home Replacement

Type of Assistance: _____

Annual Income: \$_____ Income Category (ELI, VL, LI, OI): _____

GENERAL INFORMATION

	Applicant	Co-Applicant
Full Name:		
Age & Date of Birth:		
Applicant Street & Mailing Address:		
Street Address:	State:	
City:	Zip:	
Mailing Address:	State:	
City:	Zip:	

Telephone #: _____ Message #: _____

Check One: ☐ Married ☐ Separated ☐ Single (Includes single, divorced, widowed)

Other household members who live with you:

Name(s)	Age & Date of Birth	Relationship to Applicant

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student?

If yes, please list: _____

Does Applicant/Co-Applicant own a home? Yes ___ No ___ Monthly rent/mortgage: \$_____

If No, type of unit to be purchased? _____ existing unit _____ newly constructed unit

Applicant Employment Information:

Employer Name:	Phone Number:
Address:	Supervisor:
Position:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$_____	

Co-Applicant Employment Information:

Employer Name:	Phone Number:
Address:	Supervisor:
Position:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	

NOTE: *Attach additional sheets as necessary for all household members 18 years and over.*

Other Sources of Income

(For ALL Household Members 18 and Over, List the Following: Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)

Name	Type of Income	Gross Annual Amount
1.		
2.		
3.		
4.		
		Total: \$ _____

Assets and Asset Income

(For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)

Type of Asset	Asset Value	Interest Rate	Annual Asset Income
1.			
2.			
3.			
4.			
Total: \$ _____			Total: \$ _____

Liabilities

(For ALL Household Members 18 and Over, List Credit Card Debt, and Auto, Real Estate and Mortgage Loans, etc.)

Type of Credit Loan	Creditor's Name	Balance Owed	Monthly Payment
1.			
2.			
3.			
4.			
5.			
Total Monthly Payments: \$ _____			

Ethnicity/Special Needs

(For reporting purposes only, please check all that apply for Head of Household Only)

White ____ Black ____ Hispanic ____ Asian/Pacific Islander ____ Native American ____
Farm worker ____ Disabled or Disabled Minor ____ Elderly ____ Homeless ____
Other: _____

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

Applicant Signature

Date

Co-Applicant Signature

Date

Do not fill in this section (for Community Development Staff Only).					
Funding	SHIP	HHRP	ELI	SCU	ADDI
Approved					
Award Amount \$					
Denied					
Reason : Over Eligible Income Incomplete Previous request for S.H.I.P. funding Other: _____					



SHIP DOWNPAYMENT ASSISTANCE PROGRAM

Please print information, do not use white-out.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I _____, the undersigned, hereby authorize _____ to release without liability, information regarding my employment, income and /or assets to the Seminole County SHIP Downpayment Assistance Program,, for the purposes of verifying information provided as part of determining eligibility for assistance under the SHIP Downpayment Assistance Program. I understand that only information necessary for determining eligibility can be requested.

TYPES OF INFORMATION TO BE VERIFIED:

I/We understand that previous or current information regarding me/us may be required. Verifications that may be requested are, but are not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds certificates of deposit, Individual Retirement Accounts , interest, dividends; payments from Social Security/SSI, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or worker's compensation, welfare assistance, net income form the operation of a business, and alimony or child support payments.

Organizations/individuals that may be asked to provide written/oral verifications are, but not limited to:

Past and Present Employers
Previous Landlords (*including
Public Housing Agencies*)
Support and Alimony Providers

Welfare Agencies
State Unemployment Agencies
Social Security Administration

Veterans Administration
Retirement Systems
Banks and other Financial
Institutions

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand I/we have a right to review this file and correct any information found to be incorrect.

Applicant Sign your name

Print your name

Date

Co-Applicant Sign your name

Print your name

Date

Other Adult Member Sign your name

Print your name

Date

Note: This general consent may not be used to request a copy of a tax return.